Case Number:	CM13-0048862		
Date Assigned:	01/15/2014	**Date of Injury:**	04/01/2001
Decision Date:	04/28/2014	**UR Denial Date:**	10/30/2013
Priority:	Standard	**Application Received:**	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female with date of injury of April 01, 2001. The patients diagnoses include mild left C6 radiculopathy, thoracic outlet syndrome, mild compression fracture of T8 vertebral body with chronic myofascial pain syndrome, thoracic spine; chronic myofascial pain syndrome, thoracolumbar spine; lumbar radiculopathy, bilateral L3-L4 and opioid tolerance. According to the progress report dated October 02, 2013 the patient presents with upper and lower back pain. She states that her pain is well controlled with her current medications and past trigger point injections. She is able to perform her activities of daily living. She feels that her current pain and discomfort is severely impacting her general activity and enjoyment of life impacting her ability to concentrate and interact with other people. She rates her pain a 7/10, with 10 being the most severe. Objective findings show ranges of motion of the thoracic and lumbar spine are moderately restricted in all planes. There are multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as the gluteal musculature. There is a mild to moderate atrophy of the left thenar muscle and the left FDI muscle; and mild atrophy of the right thenar muscle. The treating physician is requesting 18 aquatic therapy and tizanidine 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AQUATIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22.

Decision rationale: The California MTUS guidelines state that Tizanidine (ZanaflexÂ®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. This patient has a diagnosis of myofascial pain which is chronic. The Califonia MTUS guidelines supports the use of Zanaflex, which appears to be helping. Therefore, recommendation is for certification.

TIZANIDINE 4MG #90 WITH FIVE REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The California MTUS guidelines state that Tizanidine (ZanaflexÂ®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. This patient has a diagnosis of myofascial pain which is chronic. The Califonia MTUS guidelines supports the use of Zanaflex, which appears to be helping. Therefore, recommendation is for certification.